



**OHIO OFFICE OF THE
STATE LONG-TERM CARE OMBUDSMAN**

REQUEST FOR PROPOSALS

Office of the State Long-Term Care Ombudsman
246 North High Street, 1st Floor
Columbus, Ohio 43215
Issue Date: January 27, 2016
Due Date: 2:00 p.m. February 24, 2016

All questions regarding this Request for Proposals must be submitted via electronic mail to Beverley Laubert at blaubert@age.ohio.gov. All submitted questions and answers, along with an electronic version of this request for proposals, will be posted on <http://aging.ohio.gov/services/ombudsman/>.

TABLE OF CONTENTS

Introduction	Page 3
Background	Page 3
Application Procedure	Page 6
Proposal Format/Narrative	Page 7
Conditions of Participation	Page 9
Intent Statement	Page 8
Review Criteria	Page 10
Appendices	
Law and Rules	Appendix A
Funding Levels and Sources	Appendix B
Program Data	Appendix C
Summary Sheet/Cover Sheet	Appendix D
Budget Form	Appendix E
Conflict of Interest Form	Appendix F

INTRODUCTION

The State Long-Term Care Ombudsman is seeking a public or private non-profit agency or agencies to provide ombudsman services in the following counties: Van Wert, Putnam, Hancock, Mercer, Auglaize, Hardin, and Allen. Proposals are sought from any organization that is free of conflict with the interest of the Office of the State Long-Term Care Ombudsman to perform independent advocacy for long-term care consumers. An organization that is not currently designated as an ombudsman program must apply for all counties. This RFP also provides the opportunity for existing regional programs to add two or more of the affected counties to their region in lieu of establishing a new entity to provide service in all counties in the region.

As mandated by the federal Older Americans Act and Ohio law, the mission of the Office of the State Long-Term Care Ombudsman is to seek resolution of problems and advocate for the rights of home care consumers and residents of long-term care facilities with the goal of enhancing the quality of life and care for consumers.

In order for an agency to serve as a Regional Long-Term Care Ombudsman Program, it must be designated as such by the State Long-Term Care Ombudsman. Designation of a new agency or agencies requires the release of a request for proposals (RFP). The designation standards and process are specified in rules 173-14-21 and 173-14-22 of the Ohio Administrative Code (OAC) and ombudsman plan requirements are specified in OAC rule 173-14-23 (Appendix A). With regard to the option that the RFP be issued by the Area Agency on Aging, the affected AAA in this case has opted for the State Ombudsman to issue the RFP.

Funding sources include federal and state funds; a table showing funding for each regional ombudsman program is included in the appendices. Designated regional ombudsman programs may also raise funds from other sources.

One original and three copies of the proposal must be received by Beverley Laubert, State Long-Term Care Ombudsman, by **2:00 pm on February 24, 2016.**

BACKGROUND

The Office of the State Long-Term Care Ombudsman (Office), mandated by the federal Older Americans Act in 1975, as amended, and sections 173.14 through 173.27 and 173.99 of the Ohio Revised Code (ORC) in 1989, as amended, has a mission to seek resolution of problems and advocate for the rights of home care consumers and residents of long-term care facilities with the goal of enhancing the quality of life and care for consumers. The Office operates in a variety of long-term care settings including nursing homes, residential care facilities, long-term acute care hospitals and

adult care facilities, as well as community-based long-term care services and public agencies.

The structure of the Office includes the state office located within the Ohio Department of Aging, as well as twelve regional programs (RPs), each serving multiple counties. The Office includes both paid staff and volunteers of the designated RPs. Currently, there are 92 paid staff and 244 volunteers statewide. The State Office works closely with the RPs by providing professional development and technical assistance. We strive to have a highly effective and unified Office to be the voice of long-term care consumers in Ohio. Representatives of the Office must document activity in the statewide "Ombudsman Documentation and Information System for Ohio" (ODIS) to comply with documentation standards and to enable the Office to demonstrate effectiveness and quality of service.

The primary activity for RPs is to receive, investigate and attempt to resolve complaints filed by or on behalf of the residents of long-term care facilities or consumers of community-based long-term care services. The ombudsman program also addresses systems issues such as the administration of long-term care services by public agencies such as the Ohio Department of Health and the Ohio Department of Medicaid. Complaints are investigated in an objective manner and resolution is negotiated, as the Office is not the enforcement agency for long-term care providers. Where the enforcement of a state or federal law or rule is necessary for resolution of a complaint, the Office will work on the behalf of the consumer to involve the proper enforcement authority. The program also identifies systemic patterns of complaints and seeks legislative or regulatory action to remedy these patterns. Additionally, regional representatives provide consultation to providers to improve quality, assist individuals with questions about public benefits and services, and offer community education to alert consumers and potential consumers of available alternatives and options in long-term care services and their rights as long-term care consumers.

Representatives of the Office are immune from civil or criminal liability for any action taken in the good faith performance of their official duties. The Ohio Attorney General provides legal counsel to the Office, including regional representatives, as determined necessary by the State Ombudsman.

Ombudsman services were previously provided by the Area Agency on Aging 3, which chose to voluntarily withdraw designation, effective October 31, 2015. The region includes Van Wert, Putnam, Hancock, Mercer, Auglaize, Hardin, and Allen counties. Since November 1, 2015, services have been provided by the State Office as demand and needs were assessed. It was determined that responsibilities of the Office could be effectively carried out by reassigning counties to existing regions. Therefore,

- (1) Proposals will be considered from existing ombudsman programs to extend services to at least two of the affected counties or
- (2) Community organizations that wish to apply for designation may also submit a proposal for all counties in the region.

Appendix C contains data describing the core ombudsman services that were provided in the seven county region served by the regional program in Federal Fiscal Years (FFY) 2014 and 2015 as well as data regarding the types of providers located in each county in the region.

APPLICATION PROCEDURE

Applicants must submit one original and three copies of their proposal to the following address to be received **by 2:00 p.m. on February 24, 2016** (no facsimile copies, please):

Attention: Beverley Laubert
State Long-Term Care Ombudsman
Office of the State Long-Term Care Ombudsman
246 North High Street, 1st Floor
Columbus, Ohio 43215

Applicants must submit their proposals following the proposal format/narrative steps 1 through 14. The State Ombudsman will then schedule and conduct on-site visits with all applicants in order to verify that the applicants meet or have the ability to meet the structural requirements specified in rule 173-14-21 of the Ohio Administrative Code.

Applicants must agree that their submitted proposals shall remain open and valid for **90** days after notification of selection to all applicants.

Timeline:

Request for Proposals Issued	January 27, 2016
Proposals Due to SLTCO	February 24, 2016 2:00 P.M.
State Ombudsman/Designee Conducts On-site Visits	March 9, 2016
State Ombudsman Notifies All Applicants of Selection	March 23, 2016
Transition of Service Provision Begins	April 1, 2016

PROPOSAL FORMAT/NARRATIVE (No more than 20 double-spaced pages not including cover page or attachments.)

1. **SUMMARY SHEET/COVER SHEET:** Proposal must be covered with the summary sheet enclosed (see Appendix D). No binders or other covers are necessary. Proposal must be typed and paginated.
2. **LETTERS OF COMMITMENT:** Include a letter of commitment (on letterhead) from the Executive Director of the applicant organization and Chair/President of the organization's governing board.
3. **TAX-EXEMPT STATUS:** Submit evidence of applicant's tax-exempt status. A tax-exempt organization is defined as an organization exempt from the federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States internal revenue law; an organization that can receive contributions which are deductible under section 170(c)(2) of the Internal Revenue Code of 1986 or the corresponding provision an any future United States internal revenue law; a public agency; a public-purpose agency; or a subdivision of state or local government.
4. **GOVERNING BOARD:** Submit a list of governing board members and their organizational affiliation, including expiration of terms.
5. **CONFLICT OF INTEREST:** Identify any conflict of interest, as specified in rule 173-14-15 of the Ohio Administrative Code, held by any board member or employee/individual who would be responsible for the hiring of any regional ombudsman program director. A conflict of interest form is provided in Appendix F.
6. **CONDITIONS OF PARTICIPATION:** Applicant must convey a willingness and intent to comply with all conditions of participation as stated in this request for proposals by submitting the conditions of participation and the signed statement indicating that willingness and intent. The conditions of participation and the statement are found on page 9 of this RFP.
7. **PROJECTED BUDGET AND BUDGET NARRATIVE:** Include a projected balanced annual budget and a detailed narrative. Revenue projections are included in Appendix B and a budget form is attached as Appendix E.
8. **APPLICANT'S LOCATION:** Identify your physical location in relation to the counties identified in your proposal.

9. **APPLICANT'S FUNCTION/EXPERIENCE:** Describe the agency's function including prior experience in long-term care, dispute resolution, public/community education, and legislative advocacy.
10. **HISTORY OF RELATIONSHIPS:** Discuss any prior or current relationships with the ombudsman program, the Area Agency on Aging 3, or the aging network.
11. **STAFF QUALIFICATION/POSITION DESCRIPTIONS:** Include resumes and position descriptions for any individual who would be working directly with the ombudsman program, including those in either a supervisory or clerical support capacity. Identify the relationships and levels of responsibility and any conflicts of interest.
12. **INTRA-AGENCY RELATIONSHIP:** Describe the relationship between the proposed ombudsman program and the applicant agency. Include how the agency will incorporate and manage the program and provide for continuity of service free of conflict of interest. Include a table of organization depicting the ombudsman program's location within the agency and reporting relationships.
13. **OMBUDSMAN PLAN:** Submit an ombudsman plan addressing all areas specified in rule 173-14-23 of the Ohio Administrative Code.

CONDITIONS OF PARTICIPATION

1. The applicant shall agree to meet all structural standards as specified in Ohio Administrative Code (OAC) 173-14-21.
2. The applicant shall report any identified conflicts of interest and proposed remedy to the State Long-Term Care Ombudsman.
3. The applicant shall agree to register as a residents' rights advocate with the Ohio Department of Health in accordance with ORC 3701.07(B).
4. The applicant shall provide core ombudsman services as defined in OAC 173-14-01.
5. The applicant shall agree to abide by all state and federal laws, regulations, policies and procedures governing the Office of the State Long-Term Care Ombudsman.
6. The applicant shall agree to abide by fiscal accountability requirements, such as timely contract signing, budgeting, and submission of financial reports to the Area Agency on Aging, Ohio Department of Aging, and the Office of the State Long-Term Care Ombudsman.
7. The applicant shall agree to ensure continuity of ombudsman services during the transition of services from the State Office to the agency upon designation.
8. The applicant shall agree to provide a minimum 15% match (cash and/or in-kind) to the federal Title III funds.

CONDITIONS OF PARTICIPATION STATEMENT OF INTENT

The applicant _____

hereby agrees to comply with all Conditions of Participation as specified herein.

(authorized signature and date)

REVIEW CRITERIA

The evaluation of each proposal will be conducted by a committee comprised of State Ombudsman staff. The review committee will determine whether applicants are eligible organizations under the definitions included in this document.

Each proposal submitted in accordance with the provisions of the RFP shall be reviewed by the committee based on the proposal's completeness, responsiveness and feasibility of implementation using the following criteria:

ADMINISTRATIVE CAPABILITY - 40 POINTS

1. Structural Requirements - 10 points
2. Absence or mitigation of Conflict of Interest - 10 points
3. Applicant's Function/Experience - 20 points

OMBUDSMAN PLAN - 35 POINTS

1. Understanding of the Program - 15 points
2. Reasonable/Achievable - 10 points
3. Thoroughness/Quality - 10 points

APPROPRIATENESS/ADEQUACY OF BUDGET - 10 POINTS

1. Overall Reasonableness and Adequacy of the Budget - 5 points
2. Appropriateness of Category Costs - 5 points

OVERALL PROPOSAL COMPLETENESS - 15 POINTS

1. Overall Thoroughness/Quality of Proposal

The evaluation committee reserves the right to reject any and all proposals received in response to this RFP, to request additional materials from any or all applicants, and to conditionally select proposals pending clarification or completion of certain aspects of a proposal. The evaluation committee may waive minor defects which are immaterial when no prejudice will result to the rights of any other applicant or to the public. Neither the Ohio Department of Aging nor the Office of the State Long-Term Care Ombudsman is liable for any costs associated with the preparation of any applicant's proposal.

APPENDICES

STATUTE

<http://codes.ohio.gov/orc/173>

See 173.14 – 173.28 and 173.99

RULES

<http://codes.ohio.gov/oac/173-14>

<http://codes.ohio.gov/oac/173-9>

Applicants may request a hard copy of the law and rules in their entirety by emailing blaubert@age.ohio.gov

FUNDING SOURCES
(Based on 2014 and 2015 Grant Awards)

Note: 2016 Funding Sources are expected to be stable, with the exception of HOME Choice and Ombudsman Support. Descriptions following the chart provide budget guidance.

	Grant Period	PY 2014	PY 2015	PY 2016
Title III-B	1/1 - 12/31	\$31,000	\$31,000	\$26,000 (Required minimum)
Title VII - Elder Abuse Prevention	1/1 - 12/31	\$7,483	\$7,483	See notes
Title VII - Ombudsman	1/1 - 12/31	\$7,170	\$7,057	See notes
Ombudsman Support	10/1 - 9/30	\$19,000	\$8,970	See notes
State Long-Term Care Ombudsman (General Revenue Fund)	1/1 - 12/31	\$29,462	\$29,574	See notes
Ombudsman Bed Fee	1/1 - 12/31	\$35,667	\$34,927	See notes
HOME Choice	1/1 - 12/31	\$132,919	\$111,234	See notes
Total		\$262,701	\$230,245	

- Older Americans Act Title IIIB: This funding amount is determined by the Area Agency on Aging. The Older Americans Act requires the Area Agency on Aging to expend no less than the amount expended in 2000. In 2016, the Area Agency on Aging reduced funding to the minimum. This source requires a 15% non-federal match which is covered by a combination of volunteer in-kind contribution at \$21.46 per hour.
- Older Americans Act Title VII: Funds are allocated by formula based on demographic characteristics of the region's population and other factors.
- Ombudsman Support: These funds are obtained from the resident protection fund generated from civil monetary penalties levied by the Centers for Medicare & Medicaid Services for regulatory enforcement in nursing homes. These funds have been allocated based on

intermittent projects planned by the State Ombudsman and subject to approval Centers for Medicare & Medicaid Services. These funds are not guaranteed and are project-based so should not be used in the applicant's budget.

- General Revenue Fund: Funds are appropriated by the Ohio General Assembly through a biennium budget and are allocated by formula that considers population and geographic factors and the percentage of long-term care beds in the region.
- Ombudsman Bed Fee: Fees are collected by the state office from facility-based long-term care providers at a rate of \$6 per bed per year. Funds are allocated based on the percentage of beds in the region. In 2015, the total beds in all counties covered by this RFP represented 3.87% of the state.
- HOME Choice: Transition Coordination is an optional service provided by some regional ombudsman programs if approved by the State Ombudsman. The regional program is paid up to \$6,000 to help nursing home residents move to the community. Only those applicants with experience providing HOME Choice Transition Coordination should budget this funding source. Any HOME Choice revenue that exceeds HOME Choice expenses must be used for operation of the regional ombudsman program.
- Regional ombudsman program directors are required to identify where additional resources are needed and develop strategies for raising funds to meet those needs. Some examples of locally-generated funding sources are:
 - United Way
 - Victims of Crime Assistance Grant
 - Donations and in-kind
 - County Senior Services Levy Funds

PROGRAM DATA**PROGRAM DATA**

The following data is from the Ombudsman Documentation & Information System for Ohio (ODIS) and is specific to the affected region unless otherwise noted. The data is complete as reported by 12/31/2015. Activity definitions can be found in ombudsman rules.

Type of Provider	Providers/Beds Allen	Auglaize	Hancock	Hardin	Mercer	Putnam	Van Wert
Nursing Homes (NHs)	14/1049	9/519	6/610	2/203	7/448	5/321	4/288
Adult Care Facilities (ACFs)	0	0	0	1/5	0	0	0
Residential Care Facilities (RCFs)	10/668	5/377	9/804	6/252	6/252	6/298	2/156
Home & Community-Based Services (HCBS)	30/NA	9/NA	14/NA	3/NA	3/NA	3/NA	4/NA
Other (long-term acute care hospital, public agencies about which the ombudsman received at least one complaint and entered entity in the database)	1/26	0	2/NA	1/NA	1/NA	1/NA	0

ADVOCACY ACTIVITY	2014	2015
Total	1829 hours	1134 hours
Paid staff	1629 hours/5 staff	1030/6 staff
Volunteers	200 hours/19 volunteers	104 hours/17 volunteers

Note: Some staff and volunteers worked only a portion of the period. 2015 includes state staff for one quarter.

GENERAL INFORMATION ACTIVITY	2014	2015 (as reported through 12/31/15)
Total	171 hours	227 hours
Paid staff	171 hours/5 staff	225 hours/5 staff
Volunteers	0	2 hours/2 volunteers

COMPLAINT- HANDLING ACTIVITY 2015	Allen	Auglaize	Hancock	Hardin	Mercer	Putnam	VanWert
Cases received	103	23	44	11	32	17	3
Travel time in hours	151	48	122	21	92	30	6
Investigation time in hours	444	90	300	38	187	80	9

COMPLAINT- HANDLING MEASURES 2015	All Counties
Resolution rate	81.3%
Verification rate	92%
Average days case open	43
Volunteer hours assisting with complaints	44
Percentage of cases with intake by volunteers	3%

SUMMARY/COVER SHEET

Applicant: _____

Contact Person: _____

Phone: _____

Email: _____

Mobile: _____

Authorized Signature(s)/Date(s): _____

Deliver to:

Beverley Laubert
State Long-Term Care Ombudsman
Office of the State Long-Term Care Ombudsman
246 North High Street, 1st Floor
Columbus, Ohio 43215

Appendix E

Budget Form
Long-Term Care Ombudsman Program

		Title VII Ombudsman	Title VII Abuse Prevention	Title III	SLTCO (GRF)	OTHER SOURCES (SPECIFY)	TOTAL
	PERSONNEL						
A	Salaries						
B	Fringes						
C	Other Personnel (specify)						
	Total personnel						
	DIRECT NON-PERSONNEL						
D	Rent						
E	Supplies						
F	Travel/mileage reimbursement						
G	Telephone, toll-free, mobile						
H	Postage						
I	Utilities						
J	Staff development						
K	Volunteer program development						
L	Outreach/marketing/ advertising						
M	Equipment						
N	Printing/copying						
O	Advertising						

		Title VII Ombudsman	Title VII Abuse Prevention	Title III	SLTCO (GRF)	OTHER SOURCES (SPECIFY)	TOTAL
P	Membership dues						
Q	Other (specify/list)						
	Total direct non-personnel						
	INDIRECT EXPENSES (LIST)						
R							
S							
T							
U							
V							
	Total indirect						
	TOTAL ALL						

Office of the State Long-Term Care Ombudsman

Conflict of Interest Screen

Please Print Clearly



Last name	First name	Region

Please check all that apply:

Initial screen	Annual screen	Annual screen with no change (approval attached)	Volunteer	Employee	Board member	Person(s) involved in hiring program director

1. Have you or any members of your immediate family or household ever been employed by a long-term care provider: Yes_____ No_____

If yes, please list the following:

Start/End dates of employment (MM/YY)	Name of person employed	Your relationship	Employer	Position/duties

2. Do you have a member of the immediate family or household that is living in a long-term care facility or is a recipient of long-term care services: Yes_____ No_____

If yes, please list the following:

Your relationship	Facility/Agency

3. Do you or any members of your immediate family or household have any financial interest in any long-term care provider or any agency that funds or regulates long-term care services? Yes_____ No_____

If yes, please list the following:

Name of person with ownership interest/investment	Your relationship	Provider Name & Address	Description of ownership interest or investment

4. Are you or any members of your immediate family or household affiliated with, consultant to, board member of, or have any relationship in which they may profit from a long-term care provider or provider membership organization? Yes_____ No_____

If yes, please list the following:

Name of person with the affiliation	Your relationship	Provider/Organization name & address	Nature of the affiliation

5. Do you or any members of your immediate family or household stand to gain financially through an action brought on behalf of individuals that the Long-Term Care Ombudsman Program serves? Yes_____ No_____

If yes, please describe the applicable action and potential gain that may pose any actual, potential, or perceived conflict of interest.

Signed_____ Date_____
 (Applicant/Representative)

Signed_____ Date_____
 (Regional Program Reviewer)

Please check all that apply:

New conflict & remedy	Old conflict & remedy (approved previously)	Previously approved conflict & remedy attached	Request for waiver

Request for waiver and/or proposed remedy to the identified conflict of interest:

SLTCO Comment(s):

State Ombudsman Approval:_____ Date:_____

State Ombudsman Denial:_____ Date:_____

Page Intentionally Left Blank